



**Houghton College Off-Campus Internships**  
**RISK, LIABILITY, RESPONSIBILITY AND PARTICIPATION AGREEMENT**

I, \_\_\_\_\_, hereby acknowledge that participation is voluntary in the  
Name

internship for which I am applying during \_\_\_\_\_ at the following location:  
Term Year

\_\_\_\_\_  
Internship Site City, State, Country

I understand that Houghton College affirms, to the best of its judgment, the experience is an appropriate curricular option in a liberal arts program of study and worthy of Houghton College credit, makes no assurances, expressed or implied, about any travel and living arrangements I have made. In order to participate in the proposed internship, I agree to each of the following:

I. Risks and Liability:

1. Risk. I understand that there are certain dangers, hazards, and risks inherent in off-campus studies and the activities included in this program for which Houghton College cannot and does not assume responsibility. Accordingly, I voluntarily assume all risk, known and unknown, in any way connected with my participation in this off-campus internship program.
2. Identification of Risks. I understand that risks involved in off-campus study include but are not limited to:
  - a. Health: The possibility of illness, injury, disability, or death.
  - b. Travel: The possibility of monetary loss or additional expenses due to lost, stolen or damaged property, and unexpected or undesired changes in scheduling.
3. Waiver and Release. I hereby waive, release and forever discharge and hold harmless Houghton College and its trustees, officers, sponsors, employees, agents, volunteers, successors, and assigns, from any and all claims, demands, damages, actions, or causes of action for any injury, disability, loss, or damage (including death) in any way connected with my participation in this off-campus internship program.
4. Personal Liability. I agree that in the event that I am involved in any liability, injury, loss or damage to persons or personal property of others, I am solely responsible for such loss. I will have access to the necessary funds or insurance to cover the expenses. I will not hold Houghton College or its directors, officers, sponsors, employees, agents, volunteers, successors, and assigns responsible for such claims in any way connected with or arising out of my participation in this off-campus internship program.

II. Health Care. I have taken measures to care for any previously known medical needs, recognizing that treatment and/or medications may not be available on site. I have researched the coverage provided by my health care plan, am aware of the extent and nature of the medical coverage available in and around the location of my internship, and assume full responsibility for such knowledge.

III. Participation Expectations:

1. Behavioral Guidelines. I understand that as a representative of Jesus Christ and of Houghton College my conduct impacts both this learning community and relationships with the community in which the internship will take place. I agree to abide by the Houghton College "Vision of Our Common Life" document (available on the College website) and any additional stated guidelines for proper and safe participation in the internship. In consultation with the internship faculty member of record, the internship coordinator and/or The Office of Vocation and Calling, the Provost and the Vice President for Student Life shall be entitled to take prompt unilateral action that could lead to my dismissal from the Program that might otherwise, pursuant to Houghton College policy, require action by committee

following a hearing.

2. Legal Issues. I acknowledge, understand, and agree that should I have or develop legal problems with any local government because of my individual actions, I will attend to the matter personally and agree that Houghton College is not required to intervene on my behalf.
3. Expenses: I recognize that Houghton College and/or the organization hosting my internship endeavor to adequately estimate the costs of participation in it. However, additional expenses may be incurred due to an emergency, unforeseen events, or personal losses or choices. I agree to have access to additional funds to assure program completion and return home.
4. Confidentiality: I understand that Houghton College will endeavor to maintain reasonable confidentiality pertaining to personal matters while on this program. However, I grant permission to Houghton College to use any image or sound recordings of my person taken while participating in this internship and any written statements that I may make concerning the program in Campus publications, advertising and promotional materials.
5. Early Termination of Participation. I understand and agree that should I choose to leave the internship early, or am required to leave the program early; that all loss and costs thus incurred, including cost of travel, will be at my expense; and that I will not be eligible for any refunds.

I acknowledge that

1. If any single provision of this agreement is determined to be invalid or unenforceable, the remainder of this agreement shall continue to be in effect.
2. Because Houghton College is headquartered in Houghton, NY, and in order to provide certainty in the law to be applied to the construction of this agreement, this agreement shall be governed, construed, and enforced in accordance with the laws of the State of New York.
3. This waiver is binding on my personal representatives, heirs and assigns.

**I understand the legal consequences of signing this document, including (a) releasing the College from all liability, (b) promising not to sue the College (c) and assuming all risks of participating in the internship, including travel to, from, and during the internship.**

**I affirm that on the date I signed this agreement (check one):**

I am at least 18 years of age (Parental signature required if student is under 18.)

I am under the age of 21

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Student Signature (Required)

\_\_\_\_\_

Date

**As parent or legal guardian of the above-named individual, I verify that I fully understand, agree to, and accept all provisions of this document.**

\_\_\_\_\_

Printed Name (parent/guardian)

\_\_\_\_\_

Signature (parent/guardian)

\_\_\_\_\_

Date

Return the signed copy of this form to Rachel Wright in the Office of Vocation and Calling.  
Chamberlain Center, One Willard Avenue, Houghton NY 14744

[rachel.wright@houghton.edu](mailto:rachel.wright@houghton.edu)

Fax: 585-567-9625